### FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

16 MAY -6 AM 11: 08

(a) Name of Candidate (in full)     Jerry Moran					
Jerry Moran					
<del></del>				Lo Company and the second seco	
(b) Address (number and street) 2400 Sumac Dr	☐ Check if addres	s changed		Candidate's FEC Identification No.     S0KS00091	umber
(c) City, State, and ZIP Code				3. Is This New	Amended
Manhattan	KS	6650	2-3116	Statement (N) OR	× (A)
4. Party Affiliation	5. Office Sought		1	trict of Candidate	
REPUBLICAN PARTY	Senate		KS	00	
DE	SIGNATION OF PRI	NCIPAL	CAMPAIG	N COMMITTEE	
7. I hereby designate the following na	med political committee as my	/ Principal	Campaign Com	mittee for the 2016 election (year of election)	n(s).
NOTE: This designation should be	filed with the appropriate offic	e listed in t	he instructions.		
(a) Name of Committee (in full)	·				
MORAN FOR KAN	SAS				
(b) Address (number and street) PO BOX 1151					
(c) City, State, and ZIP Code					
Hays			KS	67601-1151	
I hereby authorize the following natical candidacy.	(Including Joint	Fundraisir	ng Representati		on behalf of my
candidacy.  NOTE: This designation should be	med committee, which is NOT	Fundraisir my princip	ng Representati pal campaign co	ves)	on behalf of my
-	med committee, which is NOT	Fundraisir my princip	ng Representati pal campaign co	ves)	on behalf of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)	med committee, which is NOT filed with the principal campai	Fundraisir my princip	ng Representati pal campaign co	ves)	on behalf of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Class  (b) Address (number and street)	med committee, which is NOT filed with the principal campai	Fundraisir my princip	ng Representati pal campaign co	ves)	on behalf of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Class  (b) Address (number and street)  228 S. Washington Street, Su	med committee, which is NOT filed with the principal campai	Fundraisir my princip	ng Representati pal campaign co	ves)	on behalf of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Class  (b) Address (number and street) 228 S. Washington Street, Su  (c) City, State, and ZIP Code  Alexandria	med committee, which is NOT filed with the principal campainssic Committee	Fundraisir my princip gn commit	ng Representati val campaign co tee.	ves) mmittee, to receive and expend funds	
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Class  (b) Address (number and street) 228 S. Washington Street, Su  (c) City, State, and ZIP Code Alexandria	med committee, which is NOT filed with the principal campainssic Committee	Fundraisir my princip gn commit	ng Representati val campaign co tee.	ves) mmittee, to receive and expend funds	
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Clas  (b) Address (number and street)  228 S. Washington Street, Su  (c) City, State, and ZIP Code  Alexandria  I certify that I have existing the street of Candidate	med committee, which is NOT filed with the principal campai assic Committee	Fundraisir my princip gn commit	ng Representati val campaign co tee.	mmittee, to receive and expend funds  22314-5404  and belief it is true, correct and comple	
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Class  (b) Address (number and street)  228 S. Washington Street, Su  (c) City, State, and ZIP Code  Alexandria	med committee, which is NOT filed with the principal campai assic Committee	Fundraisir my princip gn commit	ng Representati val campaign co tee.	ves) mmittee, to receive and expend funds  22314-5404  and belief it is true, correct and comple	
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Class  (b) Address (number and street)  228 S. Washington Street, Su  (c) City, State, and ZIP Code  Alexandria  I certify that I have excess  Signature of Candidate	med committee, which is NOT filed with the principal campai assic Committee	Fundraisir my princip gn committ	ng Representation contact the company of the contact t	22314-5404  and belief it is true, correct and comple  05/04/2016	ate.
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  2016 Senators Class  (b) Address (number and street)  228 S. Washington Street, Su  (c) City, State, and ZIP Code  Alexandria  I certify that I have excess  Signature of Candidate	med committee, which is NOT filed with the principal campai assic Committee	Fundraisir my princip gn committ	ng Representation contact the company of the contact t	22314-5404  and belief it is true, correct and comple  05/04/2016	ate.
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### FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 2 /
	OTHER AUTHORIZED COMMITTEES ing Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, which is NOT candidacy.	my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed with the princip	oal campaign committee.	
(a) Name of Committee (in full) Ayott Blunt Moran Wolf Victory F	und	
(b) Address (number and street) 228 S. Washington Street, Suite 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
	F OTHER AUTHORIZED COMMITTEES (ling Joint Fundraising Representatives)	[ ADDITIONAL ]
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NOTE:This designation should be filed with the princip	pal campaign committee.	
(a) Name of Committee (in full)		
Moran NRSC Victory Fund		
(b) Address (number and street) 228 S Washington St Ste 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
	OTHER AUTHORIZED COMMITTEES	[ ADDITIONAL ]
	ing Joint Fundraising Representatives)	[ADDITIONAL]
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(Includ	ing Joint Fundraising Representatives)  my principal campaign committee, to receive and expend funds of	
(Includ  I hereby authorize the following named committee, which is NOT candidacy.	ing Joint Fundraising Representatives)  my principal campaign committee, to receive and expend funds of	
(Include I hereby authorize the following named committee, which is NOT candidacy.  NOTE:This designation should be filed with the principal committee.	ing Joint Fundraising Representatives)  my principal campaign committee, to receive and expend funds of	
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### FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

(Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  2015 Senators Classic Committee  (b) Address (number and street) 228 S Washington Street, Suite 115  (c) City, State and ZIP Code Alexandria  VA  22314-5404  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)	FEC Form 2 (Rev. 02/2003)		Page 3 /
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(c) City, State and ZIP Code	(b) Address (number and street)		
	(c) City, State and ZiP Code		

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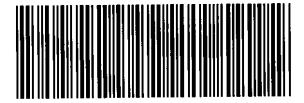
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SEN PATCH



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